

CENTRAL INTELLIGENCE AGENCY
INFORMATION REPORT

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SUBJECT Civilian Medical Facilities and Conditions

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1. In 1950, when the housing project was built for the miners in Krasnopole (N 50-47, E 35-15), a new polyclinic was also constructed. Previously, only a small polyclinic with one doctor had served the area. The new polyclinic was a one-story building with about ten rooms. All specialties were represented among the staff physicians. A small hospital, including a maternity section, was located nearby. A larger hospital with a surgical section specifically for the care of the numerous mine accidents was located in Kadiyevka (N 48-34, E 38-40). This hospital was, in general, poorly equipped. For example, it did not have facilities for an appendectomy. The entire urology section had only one cystoscope and no equipment for contrast urography. A small hospital, maternity home, and a small polyclinic were located in Bryanka. No details are known concerning these installations.
2. Administration of activities in the entire mining area was carried on through a government office in Voroshilovgrad. This office kept in touch with the mines by means of a small, old biplane used to deliver orders and messages. The plane was also used to evacuate the seriously ill or injured to hospitals in the larger cities.
3. There were no medical, feldsher, or veterinary schools in the area. The nearest university was in Kiev where a medical school and a feldsher school were also located. There were no facilities for producing pharmaceuticals or biologicals in the vicinity.

Diseases

4. Malaria was widespread throughout the area, although it did not constitute a serious problem. From the symptoms, it appeared that the main species of parasite was Plasmodium vivax. However, P. falciparum was common in Baku,

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from which some of the PWs had been reassigned. Consequently there may have been a mixed infection in the Krasnopole-Bryanka-Kadiyevka region. No facilities were available for bone marrow puncture, and blood smears were examined only for the presence of malarial parasites with no further attempt at species differentiation. Many swampy areas were scattered throughout the countryside and anopheline mosquitoes were present. The Ministry of Public Health had attempted to wipe out malaria by spraying these areas with DDT and treating individuals who might be carriers. Directions for malaria control, as well as for typhus and dysentery control, were issued from a public health office in Voroshilovgrad. This anti-malarial campaign was not properly conducted, however, and the population suffered from repeated attacks of malaria. The authorities reported to their superiors that malaria had been controlled in the area, and consequently, when new cases appeared, they were afraid to record them. Even the Soviet physicians laughed at this practice and agreed that many new cases of malaria existed even though the public health office had issued a statement to the contrary.

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5. Tuberculosis was widespread in the population. The TB station in Bryanka had equipment for fluoroscopic X-rays. Until 1952, this station was continually busy. The Soviets also had one German portable X-ray unit which was subject to many difficulties because of variation of electric power in the area. The current was either too weak to operate the machine or so strong that the tubes blew out. When this happened, it was many months before new tubes could be procured. Two or three X-ray-type machines for assistance in performing pneumothorax were also available. These machines were of Soviet manufacture and were not very successful. It was never possible to determine whether an abscess or lung spot was entirely gone. Each Soviet who contracted tuberculosis was sent to a sanatorium.
6. Bacillary dysentery was endemic in the region and usually became epidemic during the summer. In June 1953, during an epidemic, the entire PW camp at Krasnopole contracted dysentery. Many of the civilian population were also infected. Infectious hepatitis appeared in the spring and fall, but the cases were usually not severe. In 1950, about 1,000 PWs were brought to Krasnopole from Vorkuta, north of the Arctic Circle. Many cases of infectious hepatitis appeared among these men, but the disease did not spread to the civilian population. Paratyphoid was endemic. A paratyphoid-type disease, cholera nostras, appeared in epidemic form in July and August 1948. At the same time the horses in the area became infected with a disease with similar symptoms. A few cases of typhoid probably occurred from time to time but this disease was not common.
7. Dystrophy was common until 1950, especially among people who had come to the area from Baku and the Crimea. About one-sixth of these were suffering from the disease at that time. Avitaminosis of all types was fairly common in the area. Vitamins B and C for oral consumption could be purchased anywhere, but no injectable vitamin B preparations were available. Diphtheria appeared sporadically, but no epidemics occurred during 1949-1953. Serum for treatment was difficult to obtain. A serum of Soviet manufacture was used as well as some of German origin.
8. Influenza appeared in epidemic form in early 1952. Helminths, particularly ascaris, pinworm, and tapeworm, including the fish tapeworm, were common in the civilian population. Felicitis maris was used for treatment, but in 1953 it became impossible to obtain. Tularemia was prevalent throughout the middle USSR, but it did not occur in the Krasnopole-Bryanka-Kadiyevka area. Typhus had been successfully controlled. The last cases appeared in 1948. Rabies was carried by semi-wild dogs and some human cases appeared in the area. Plague did not occur in the area. Trachoma may possibly have occurred but, if so, it was rare. Information on animal diseases is not available. Very few farm animals were in the area.

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Disease Control

9. No information is available on immunization procedures for the civilian population. In the spring of each year, all MVD troops as well as the PWs received immunization with a pentavaccine containing agents against typhoid, Para A and B, Shiga-Kruse, and Flexner. A tri-vaccine against typhoid, Para A and B was also employed.
10. A plentiful supply of DDT was available. The Soviets referred to DDT as "Dust", and it was often combined with soap for direct application to the human body. A disinfection team, composed of civilians hired by the MVD through the public health office, was responsible for the control of lice and bedbugs in all buildings. Occupants of the dwellings had to pay the team for their services; however, it was done on a contract basis. The first visit cost 100 rubles, the second 50 rubles, with each visit costing less money. On the first two visits, the building was sprayed with a combination of DDT, phenol, and soap. After that, a DDT powder was sprinkled along the floors, windowsills, and similar places of entrance for the insects. The team had to guarantee that the building would remain free from lice and bedbugs.
11. The water supply in the Krasnopole-Bryanka area came from the Don River. In some sections water was even pumped out of abandoned mine shafts and used. No settling basins existed for purification of the water. An order was issued to boil all water before drinking but this was seldom followed.
12. Most of the buildings were equipped with air raid shelters, but no preparations for defense against biological warfare were in evidence. Many of the Soviet people did not believe the propaganda on American biological warfare but, because the whole program was associated with orders from higher headquarters, it was difficult for them to say so.

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